

DE: MENT OF COMMERCE
REAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22907

Registration District No. 836 Primary Registration District No. 10098 H State File No. 22907 Registrar's No. 10098 H

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months, days

3. (a) PRINT FULL NAME Robert Cooksey

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 6 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 9 hr. min.

9. Birthplace Stoddard Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Hubert Cooksey
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Virion Hyatt
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Cooksey
(b) Address Stoddard Co. Missouri

17. (a) Removal (b) Date thereof 6-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director H. W. Welch

(b) Address Sikeston, Mo.

19. (a) 7-3-41 (b) W. B. Presnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 6 minute 30 A: M.

21. I hereby certify that I attended the deceased from June 6, 1941 to June 15, 1941
that I last saw him alive on June 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Measles
Due to: Measles
Due to: Mother having Measles

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 151
Of autopsy and

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
893 (Specify type of place)
While at work? (e) Means of injury

23. Signature M. D. Anderson (M. D. or other)
Address Sikeston, Mo. Date signed 6-17-41

RECEIVED

District Health Officer

District File Number 741-

Date Filed 7-17-41

Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *H. J. Welch*

Licensed Embalmer No. 774

P. O. Address *Superior, N.*

W. J. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.